<table>
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<th>POLICY STATEMENT:</th>
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<td>I. <strong>Spine:</strong> Based upon our criteria and assessment of the peer-reviewed literature, manipulation under anesthesia (MUA) has been medically proven to be effective and therefore, <strong>medically necessary</strong> for the use of manipulation of the spine when the patient is either sedated or under general anesthesia, as a closed treatment of traumatically induced vertebral fracture or dislocation in an emergent situation to mitigate the potential for neurological compromise when the decision for an open reduction has been considered by a qualified physician.</td>
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<td>II. <strong>Spine:</strong> Based upon our criteria and the lack of peer-reviewed literature, manipulation under anesthesia (MUA) in the absence of traumatically induced vertebral fracture or dislocation and based on the lack of evidence of long term efficacy and safety, the use of manipulation of the spine under sedation or general anesthesia is considered <strong>not medically necessary.</strong></td>
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| III. **Shoulder:** Based upon our criteria and assessment of the peer-reviewed literature, manipulation under anesthesia (MUA) has been medically proven to be effective and therefore, **medically necessary** for patients with documented chronic, refractory adhesive capsulitis which has resulted from disease, injury or surgery causing:  
A. Severe, disabling pain and a documented loss of shoulder function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and  
B. Patient demonstrates reduction in both their active and passive range of motion of at least 50 percent when compared with the unaffected shoulder; and  
C. Patient has not responded sufficiently to at least eight (8) weeks of active exercise and manual therapy designed to increase joint mobility and range of motion. |
| IV. **Knee:** Based upon our criteria and assessment of the peer-reviewed literature, manipulation under anesthesia (MUA) has been medically proven to be effective and therefore, **medically necessary** for patients with documented knee arthrofibrosis which has resulted from disease, injury (i.e. fracture) or surgery (i.e. knee arthroplasty) causing:  
A. Severe, disabling pain and a documented loss of knee function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and  
B. Patient demonstrates less than 90º of flexion eight (8) weeks to six (6) months after surgery or trauma; and  
C. Patient has not responded sufficiently to at least eight (8) weeks of manual therapy designed to increase joint mobility and range of motion in conjunction with therapeutic exercise. |
| V. **Other Joints:** Based upon our criteria and assessment of the peer-reviewed literature, manipulation under anesthesia (MUA) has been medically proven to be effective and therefore, **medically necessary** as a closed treatment of fracture or dislocation. |
| VI. **Other Joints:** Based upon our criteria and the lack of peer-reviewed literature, manipulation under anesthesia (MUA) in the absence of fracture or dislocation, the use of manipulation under sedation or general anesthesia for other joints of the body is considered **not medically necessary.** |
| VII. Based upon our criteria and the lack of the peer-reviewed literature, manipulation under anesthesia of spinal or other joints involving serial treatment sessions has not been proven to be medically effective, and is considered **investigational.** |
VIII. Based upon our criteria and the lack of the peer-reviewed literature, manipulation under anesthesia involving multiple body joints has not been proven to be medically effective, and is considered investigative for treatment of chronic pain.

Refer to Corporate Medical Policy #10.01.02 regarding Chiropractic Care.  
Refer to Corporate Medical Policy #11.01.03 regarding Experimental and Investigational Services.

POLICY GUIDELINES:

I. Manipulation under anesthesia should be performed in conjunction with an active rehabilitation/therapeutic exercise program. Manipulations performed in isolation without the patient participating in an active rehabilitation program in conjunction with a home exercise program is considered not medically necessary.

II. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION:

MUA consists of a series of mobilization, stretching, and traction procedures performed while the patient receives anesthesia (usually general anesthesia or moderate sedation) and is intended to break up fibrous and scar tissue to relieve pain and improve range of motion. Anesthesia or sedation is used to reduce pain, spasm, and reflex muscle guarding that may interfere with the delivery of therapies and to allow the practitioner to break up joint and soft-tissue adhesions with less force than would be required to overcome patient resistance or apprehension.

MUA has been proposed as a treatment modality for acute and chronic pain conditions, particularly of the spinal region, when standard care, including manipulation, and other conservative measures have been unsuccessful.

In spinal MUA, a low velocity/high amplitude technique may be used in contrast to the high velocity/low amplitude technique that is used in the typical spinal adjustment. A single session or multiple sessions of MUA may be followed by a series of outpatient sessions. In some instances the MUA may be accompanied by corticosteroid injections.

MUA is performed by chiropractors, physical therapists, physicians, or other health care providers who are licensed to perform the services. MUA is generally performed with an anesthesiologist in attendance.

Adhesive capsulitis is a condition of the shoulder which has resulted from disease, injury or surgery where there is severe limitation of the range of motion and pain due to scarring in and/or around the shoulder joint.

Arthrofibrosis is a condition affecting large joints of the appendicular skeletal system which has resulted from disease, injury or surgery resulting in pain and restricted range of motion due to internal scarring of the joint, with consequent stiffness.

RATIONALE:

Scientific evidence regarding spinal manipulation under anesthesia, spinal manipulation with joint anesthesia, and spinal manipulation after epidural anesthesia and corticosteroid injection is limited to observational case series and nonrandomized comparative studies. Evidence regarding the efficacy of MUA over several sessions or for multiple joints is also lacking. Evidence is insufficient to determine whether MUA improves health outcomes; thus, it is considered investigational.
Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

CPT:
- 00640  Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine
- 22505  Manipulation of spine requiring anesthesia, any region
- 23700  Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)

HCPCS: No code(s)

ICD10: Several

REFERENCES:

Previously titled Spinal Manipulation under Anesthesia.


KEY WORDS:

Manipulation under anesthesia, Manipulation under sedation, MUA, MUJA, MUS.
Based on our review, manipulation under anesthesia is not addressed in National or Local Medicare coverage determinations or policies.